		_	_		Banadas		S. E. (!	- U-	-IAL	-	al occided o					
					Departme	ivision	of E	c He Invir	aith onm	an	d Social S Ital Health	ervices				
					Food Es							Report	Pa	ae.	1 0	of 3_
INSPE	CTIO	RS	N TYP	GRADE	INSPECTION	DATE	,,,,,,				MENT NAME	report			_	
Regular / 1/1 10 / 03 / 3							7	HEALTH TRENOS								
Follow	Follow-up TIME IN TIME OUT PERMIT HOLDER										- 0					
Comp	laint	V		RATING	3:00 PM	3:59 8	M	JLR, U.C.								
									LOCATION (Address)							
Other: 1700027								1		11	11 DERO	RD, ORDOT				
				NT TYPE	The second secon	ELEPHO	ONE	No. c	of Risi	_	actor/Intervent	The state of the s	12	RIS	SK CA	TEGORY
		ORI	NK S	מאח	4 90	9-87	63	No. c	f Rep	ea	t Risk Factor/I	ntervention Violations	8	1	1	
			FO	DDBORNE								EALTH INTERVE	NTIC	NS		
				Circle design	ated compliance (IN, OUT	. N/O. N/A	() for e	ach nui	mbered	d ite	m Mark "X" in	appropriate box for COS and/o	r R.	110	-	
IN =	In cor	nplia	nce Ol	JT = Not in complia	nce N/O = Not observed	N/A = No	ot appl	icable	cos:	= C	orrected on-site	during inspection R = Repeat	violation	PTS	= Dem	erit points
Com	plian	ce S	tatus			COS	R	PTS	Co	m	oliance Status			-	cos	R PT
L-,	~				ervision		_	_	4	0 I	Po	tentially Hazardous Food	(TCS F	(boo		
1 (	IN OI	ıΤ		knowledge, and p	present, demonstrates erforms duties			6	16			Proper cooking time and tem Proper reheating procedures			-	6
					ree Health				178			Proper cooling time and temp		raing	+	6
2	IN DI	1			reness; policy present	T	Т	6	19	9 1	N OUT (A) NA	Proper hot holding temperatu	res		$\Box$	6
3	N) OL	JΤ		Accessed to the second second	orting, restriction & exclus	ion		6	20		N OUT (NA)	Proper cold holding temperat				6
	000			The second second second second	enic Practices	Miss			2.	1	N OUT WAN NO	Proper date marking and disp	osition			6
4 (	OU (VI	JT 1	VA N/O	Proper eating, tas tobacco use	ting, drinking, betelnut, or		6					Consumer Adviso	гу			
5 /	IN) OL	Л	VA N/O		eyes, nose, and mouth	+	-	6	-	T						1
	_				amination by Hands		_		22	2  1	N OUT (NA)	Consumer Advisory provided	for raw or		1 1	6
6 (	IN) OL	πн		Hands clean and				6				undercooked foods				
7	N) OL	JT N	VA N/O		tact with ready-to-eat food			6		1		Highly Susceptible Pop				
	<u>-</u>	_			e method properly followed	4	$\vdash$		23	3 11	N OUT (VA)	Pasteurized foods used; proh	bited food	is not		6
8 (	IN) OF	П		accessible	shing facilities supplied &	1		6				offered Chemical				
	_				ed Source		_		-	Т	0					
9 (	N) OU		_	Food obtained from	m approved source	$\neg$	П	6	24	:   "	N OUT (NA)	Food additives; approved and	properly	used		6
10			N/O	Food received at p				6	25	X	TUO (N	Toxic substances properly ide	ntified, sto	ored,		6
114	N) OU	)T			dition, safe, and unadulter	ated		6	1	1		used				
12	N OL	П (1	N/O	parasite destruction	available: shellstock tags,			6		T		formance with Approved Compliance with variance, sp		ures		
	_				m Contamination			Con S	26	3 11	N OUT (N/A)	process, and HACCP plan	scializeu			6
	и) оп		/A	Food separated as				6		Ē	Risk factors a	re improper practices or proced	unes Ident	ified a	e the m	voet ]
-	и би	_	/A		ices: cleaned & sanitized			6				buting factors of foodborne illne				
15 (	N) OIL	r			of returned, previously ned, and unsafe food			6		L	interventions a	re control measures to prevent	oodbome	illnes	s or inju	лу,
						OOD	RE	AIL	PR	A	CTICES			-		
				Good Retail Practi	ces are preventative meas	sures to co	ontrol ti	he intro	duction	n of	pathogens, che	micals, and physical objects into	o foods.		-	
Comp	Mark '	X ir	box: If r	numbered item is no	ot in compliance and/or if (			cos				inspection R =Repeat violation	n PT		merit po	
Comp	manic	0 3	atus	Sofe Engl	d and Water	ICOS	K	PTS	CO	mp	liance Status	Proper Use of Utens	-il-		cos	R PTS
27		Pasi	eurized	eggs used where re	Colored A. Colored Col			1	40	Т	In-use uten	sils: properly stored	His			11
28		-		e from approved so				2	41	+		quipment and linens: properly s	ored, drie	d,		-
	0.00				ACCOM.					_	handled					1
29		Vari	ance obt		d processing methods			1	42			single-service articles: properly	stored, us	sed	$\sqcup$	1
	_	Pror	er coolir		dequate equipment for				43	1	Gloves use		Vondin			1
30			erature	•				1	1	K	The state of the s	Utensils, Equipment and confood-contact surfaces cleans		The state of the s		T
31		Plan	t food pr	operly cooked for h	ot holding			1	44	V	designed, d	constructed, and used		- 1		1
32		Аррі	oved the	wing methods use	d			1	45	T	1000	ng facilities: installed, maintaine	id, used; t	est		1
33		The	momete	r provided and acci	urate	+	$\vdash$	1	46	+	Strips Nonfood-co	ontact surfaces clean		-		1
					ntification				000			Physical Facilities		CHEE		
34		Food	-	y lab <del>ele</del> d; original c				1	47	T	Hot & cold	water available, adequate press				2
0.0			-	The state of the s	od Contamination				48	_	Plumbing in	istalled; proper backflow device	5			2
35	-	_		nts, and animals no				2	49	1	Sewage an	d wastewater properly disposed				2
36	Contamination prevented during food peparation, storage & display			"		1	50	Toilet facilities: properly constructed, supplied, & cleaned						2		
37						51	T	Garbage/re	e/refuse properly disposed; facilities maintained				2			
38					1 1			52 Physical facilities installed, maintained, and clean						1		
39				s and vegetables				1	53	I	Adequate v	entilation and lighting; designat	-	186		1
					d the above violation				1	-	10 - " =	Documents and Place		2		
Person	l am aware of the corrective measures that shall be Person in Charge (Print and Sign)						NI P	- N	54	1		rmit, Health Certificates valid a	nd posted			2
					OID WOILLIA	-m [	K	tett	-		104	ite: 10 · D3 · 17				
DEH In	spect	or (P	rint and	Sign) IFILA	JI HOVARRO,	FPHA	T	97			E.	illow-up (Circle one): (FES	NO	Fo	llowyup	Date
-	-		27.45	30.574			THE OWNER OF THE OWNER,	~		4.5	-				10/12	717
	Res	v: 08	27.15		W	ita: DPHSS	WDEH	Yello	w: Foo	d E	stablishment					100

			nent of Public Division of E		nd Social Service ntal Health	S				
		Food E			spection Re	port	Page 2	of 3		
th	HEALTH TREN			LOCATION (Address)  III DERU RD., ORDOT  PERMIT HOLDER  JLR, U.C.						
	PECTION DATE	SANITARY PERMIT								
		TE	MPERATUR	E OBS	ERVATIONS					
	Item/Locatio	n	Temperature (	°F)	Item/Lo	cation	Tempe	erature (° F)		
	· ·									
								CORRECT		
ITEM NO.					ECTIVE ACTION			BY DATE		
Violation	s cited in this rep	ort must be corre	ected within the			r as stated in	Sections 8-4	05.11 and		
	A RECLUE					16 20 00	ARI MATT			
		INSPECTION WA								
		COMPLAINT WI						~~		
	1	13 WERE OBSI			1113	ASCUMIEN.	TITLE FORCET			
				1						
а	NO EMPLOYEE HEART POUCH IS IN PLACE.							16/13/17		
	EMPLOYE	TE THEALTH POI	UCY SHAUL	BE DOC	CUMENTED TO E	NGURE TRA	INING ON	10/0/		
	PROPER EXCL	ISION AND/OR !	RESINICION	OF SI	CK EMPLOYEE	<u> </u>				
								( ]		
		only wastes p				nt Soap and	) WATER	10/13/17		
	FOOD CONTACT GURFACES SHALL BE PROPERLY CLEANED AND SANITIZE							• •		
					Prekly CLEMA	ED AND OF	NITTED			
	IN THEY AIL OF	TAMINATION	OF DRINK	) ·						
3%	WIFING CLOTH IMPROPERLY JAMED ON COUNTER.									
	WIPING CLOTH SHALL BE STORED IN A SANITIZER SOLUTION IN BETWEENING									
	•									
44	BUGNOER PITCHERS HAVE WHITE STAINS INSIDE.									
		INTO SURFA			DANABLE AND	PROPERLY	CONSRUCT	20		
	TO ENSURE CO	ARECT CLEAN	ING/SANIT	721NG.						
Sased on the	inspection today, the iten	ns listed above identify vio	olations which shal	l be correcte	by the date specified b	y the Department. F	allure to comply m	ay result in		
he immediate	suspension of the Sanit	ary Permit or downgrade. riod of time established in	If seeking to appea	al the result o	f any notice or inspection	n findings, a written	request for hearin	g must be		
	rge (Print and Sign)	n WILL:		Zar			Date: 10 - 1	13.17		
DEH Inspector		ILANI NAVALL		- (	77		Date: ID /03	lix		
Rev	08.27.15		te: DPHSS/DEH	Yellow: Ego	I Establishment		פטוטו	17		

## Department of Public Health and Social Services **Division of Environmental Health** Food Establishment Inspection Report Page 3 of 3 LOCATION (Address) 111 DERO RO., ORDOT ESTABLISHMENT NAME HEALTH TRENDS PERMIT HOLDER INSPECTION DATE SANITARY PERMIT NO. JIR, UC. 10,50,17 170002742 CORRECT **OBSERVATIONS AND CORRECTIVE ACTIONS** ITEM NO. BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. PICTURES OF VIOLATIONS WERE TAKEN POSTED "B" PLACARD NO. 00877. DISCUSSED THIS INSPECTION REPORT WITH PIC, KEVIN WILLIAM. Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Fallure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections Person in Charge (Print and Sign) DEH Inspector (Print and Sign)

Rev: 08.27.15 White: DPHSS/DEH Yellow: Food Establishment